



Please complete all sections of the application form. Follow the instructions provided for each Part of the application. A complete original application and 2 copies of the complete application package must be received by the due date. Applications **will not** be accepted by postmark date, fax or email. Incomplete applications will not be evaluated.

**PART A - APPLICANT PROFILE - Please type or print your answers in the space provided.**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ California Drivers License # \_\_\_\_\_

Gender: Male / Female Birth date : \_\_\_\_/\_\_\_\_/\_\_\_\_ Current age: \_\_\_\_\_

Ethnic Background (mark only one): \_\_\_\_\_ African American \_\_\_\_\_ Asian \_\_\_\_\_ Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_

Other (Please specify) \_\_\_\_\_

Native American \_\_\_\_\_ / \_\_\_\_\_ %  
(Please specify tribal affiliation and percentage)

Marital Status: \_\_\_\_\_ Unmarried \_\_\_\_\_ Married

Number of dependents other than self and spouse: \_\_\_\_\_

In what city, state, and country (if not in the United States) were you born? \_\_\_\_\_

Are you a citizen or permanent resident of the U.S.? Yes / No

Are you a California resident? Yes / No

How long have you lived continuously in:  
a) the U.S. yrs. \_\_\_\_\_ mos. \_\_\_\_\_  
b) California yrs. \_\_\_\_\_ mos. \_\_\_\_\_

Have you ever received an award from the Office of Statewide Health Planning and Development?

No / Yes (If yes, provide contract number) \_\_\_\_\_

Have you ever received an award from the Health Professions Education Foundation?

No / Yes (If yes, provide contract number) \_\_\_\_\_

List languages you speak, read, or write fluently in addition to English. \_\_\_\_\_

List Professional Affiliations, Memberships, and Honors. \_\_\_\_\_

\_\_\_\_\_

From where did you **hear** about the YAPP Leadership Recognition Program? **(Check all that apply.)**

\_\_\_\_ School \_\_\_\_ HPEF website \_\_\_\_ Other website \_\_\_\_ Work (employer or co-worker) \_\_\_\_ Friend/Acquaintance

\_\_\_\_ Advertisement \_\_\_\_ Newspaper or Publication (please specify) \_\_\_\_\_

\_\_\_\_ Organization or Affiliation (please specify) \_\_\_\_\_

\_\_\_\_ Other source (please specify) \_\_\_\_\_

From where did you **receive** the YAPP Leadership Recognition Program application form? **(Check only one.)**

☐ Financial Aid Office      ☐ Program Director/Instructor      ☐ HPEF office      ☐ HPEF website  
☐ Other website      ☐ Work (employer/co-worker)      ☐ Friend/Acquaintance  
☐ Organization or Affiliation (please specify \_\_\_\_\_)

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**PART B - PROGRAM RELATED EMPLOYMENT/VOLUNTEER WORK** - List paid, volunteer, or community service work performed during the last 5 years which promoted healthy adolescent sexuality, including increased access to family planning services, and/or teen pregnancy prevention, for youth ages 16-24. Attach an additional sheet if needed.

Position / title: \_\_\_\_\_ Status: ☐ Full-time / ☐ Part-time

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ ☐ Paid worker / ☐ Volunteer

Please complete **only one** of the following.

Average hours worked or volunteered per: \_\_\_\_\_ / day      \_\_\_\_\_ / week      \_\_\_\_\_ / month

Total hours to date: \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Immediate Supervisor's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY THE APPLICANT'S IMMEDIATE SUPERVISOR OR VOLUNTEER COORDINATOR.**

Please describe the achievements, accomplishments, and/or specific contributions of the employee or volunteer in promoting healthy adolescent sexuality, including increased access to family planning services, and/or teen pregnancy prevention for youth age 16-24. Please state any significant impacts.

\_\_\_\_\_  
Signature of Immediate Supervisor

\_\_\_\_\_  
Date

**Youth for Adolescent Pregnancy Prevention  
Leadership Recognition Program**

***Release Authorization***

**Date:** \_\_\_\_\_

**To:**           **Health Professions Education Foundation**  
                  **1600 9<sup>th</sup> Street, Suite 436**  
                  **Sacramento, CA 95814**

**From:** \_\_\_\_\_  
              Name (please type or print)

\_\_\_\_\_

              Address

\_\_\_\_\_

              City, State, Zip

I, the undersigned, authorize the Office of Statewide Health Planning and Development, Health Professions Education Foundation (HPEF) and The California Wellness Foundation (TCWF) to reprint my personal statement and/or photograph. This authorization shall be for all rights, including but not limited to, advertising/marketing, program reports, newsletters and other publications.

I understand that my personal statement may be edited for grammar, clarity, and/or suitability, as deemed necessary.

I also understand that my personal statement and/or photograph may or may not be used and that my photograph will not be returned.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Affix photograph here.



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**PART C - FINANCIAL DATA**  $\frac{3}{4}$  **Disclosure of financial data is required.** Please attach financial documentation as described in either "1" or "2" below. Place a check (✓) to indicate the documents attached.

1. \_\_\_\_\_ I have attached a complete photocopy of the signed 2000 Federal tax return, including all Form W-2s, filed for my household.

OR

2. \_\_\_\_\_ I have attached a photocopy of the final\* 2001-2002 Student Aid Report (SAR). {The SAR is the document that is sent to students who file a Free Application for Federal Student Aid (FAFSA). **(\*NOTE: If after receiving the SAR no corrections/changes were reported, this original SAR is your final copy. If you reported corrections/changes to the SAR, a new SAR was or will be sent to you reflecting the corrections/changes you reported. In this case, the corrected copy is your final SAR.)**

3. Have you applied for or received any type of financial assistance that involves a service or work obligation?  
\_\_\_\_ No \_\_\_\_ Yes (If yes, please list the program name, the type of financial assistance, the service or work obligation and the award amount.

Program Name: \_\_\_\_\_

Type of financial assistance: \_\_\_\_\_

Work or Service Obligation: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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**PART D - EDUCATION** — Attach official high school, high school equivalency/GED, or college transcript(s) for all institutions attended. Official transcripts must bear the school seal or an authorized signature stamp.

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**PART E - PERSONAL STATEMENTS**  $\frac{3}{4}$  On additional pages, please answer the questions below. Include your full name, your social security number, and the page number in the upper right corner of each page. Restate and number each question along with your answer. **Answers pages must be typed, double-spaced, using font size 12 only. Please limit the total number of Personal Statement answer pages to not more than 5 single-sided pages. Excess answer pages will not be reviewed.**

1. Briefly describe your upbringing, the challenges you faced, and how you overcame them?
2. What are your health professional goals for the next 5-10 years and what lead you to choosing this career path?
3. How do you embody the spirit of leadership-what does leadership mean to you?
4. How will you use your education to further the ideals of the YAPP Leadership Recognition Program immediately following your graduation?
5. Explain how your community feels about teen pregnancy?
6. What factors impact teen pregnancy and what elements would you include in a program to address teen pregnancy prevention?
7. Is there anything else you would like to tell us about yourself?

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**APPLICATION CHECKLIST - HAVE YOU INCLUDED:**

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- \_\_\_\_\_ A Nomination Letter — that describes your achievements, accomplishments, or contributions in promoting healthy adolescent sexuality and/or teen pregnancy prevention for youth ages 16-24?
- \_\_\_\_\_ Pages 1-6 of the YAPP/LRP Application, including your typed answers to the Personal Statement questions listed on page 5 of the application?
- \_\_\_\_\_ Official high school, high school equivalency, **or** college transcripts, for all institutions attended?
- \_\_\_\_\_ Color photograph (not larger than 3 1/2 X 5) **and** the signed Release Authorization (Page 3 of the application)?
- \_\_\_\_\_ Financial Data — **either** the 2001/2002 Student Aid Report, **or**, a complete copy of the signed 2000 Federal tax returns and all W2's filed for your household?
- \_\_\_\_\_ Letters of Support — (OPTIONAL) that describe your achievements, accomplishments, or contributions in promoting healthy adolescent sexuality and/or teen pregnancy prevention for youth ages 16-24?
- and**
- \_\_\_\_\_ Two (2) complete copies of the application package?

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**PART F - Applicant Certification:**

I certify that all information in this application is true and accurate to the best of my knowledge. I authorize the Foundation to verify any information submitted as part of this application. I understand that falsification of information contained in this application disqualifies me from consideration. I also understand that if falsification is discovered after I have been awarded, I will be required to repay all funds awarded, plus interest and administrative fees.

**(Notice: The applicant and his/her parent or legal guardian must sign this application if the applicant is under age 18 as of the final filing date. Emancipated minors must submit a copy of their emancipation documentation along with this application.)**

Parent / Legal  
Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUBMIT APPLICATIONS TO:**

Health Professions Education Foundation  
YAPP Leadership Recognition Program  
1600 9<sup>th</sup> Street, Suite 436  
Sacramento, CA 95814

**COMPLETE APPLICATIONS MUST BE RECEIVED BY JANUARY 23, 2002**